



**State of Louisiana**  
DIVISION OF ADMINISTRATION

**OFFICE OF STATE UNIFORM PAYROLL**

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GOVERNOR

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COMMISSIONER OF ADMINISTRATION

February 21, 2001

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2001-45

TO: All UPS Agencies

FROM: Ronald S. Mitchell  
Director

SUBJECT: New Direct Deposit Enrollment Authorization Forms  
(OSUP/F12A and OSUP/F12B)

On the new ISIS HR system, employees will be given the opportunity to have their net pay direct deposited into a maximum of 4 bank accounts. The "main bank" record for those employees on direct deposit will indicate the primary account to which an employee's net pay, less any amounts going to "other banks", will be deposited. The employee cannot specify a fixed dollar amount or percentage to go into this main bank account. An employee can also have three "other bank" (secondary) accounts. For these, they will be able to specify a fixed dollar amount or a percentage of net pay to go into the account.

To accommodate these changes, the Direct Deposit Authorization Form (UPR/F45) has been revised. There are now two new forms. The first form, OSUP/F12A, is to be used to record the "main bank" (primary account) information. Each employee will have only one of these forms. The second form, OSUP/F12B, is to be used to record the "other bank" (secondary account) information. An employee could possibly have three of these forms if he/she chooses to have money disbursed to three "other" accounts. Both forms are very similar to the current Direct Deposit Authorization form. The changes reflect the new terminology that will be used in ISIS HR and the new ability to have money direct deposited into a maximum of four different bank accounts.

Once Employee Self Service is available, employees will be able to make changes to their direct deposit information. Agencies must set policies on whether or not a direct deposit authorization form will be required for changes made through Employee Self Service.

Copies of the new forms are attached. These will no longer be available through Forms Management. Agencies should make copies or print the forms from OSUP's website.

Please review the revised forms and contact Andrea Hubbard at (225) 342-0715 if you have any questions or comments.

RSM:APH:kmb

Attachments

[Direct Deposit Form \(Primary Account\)](#)  
[Direct Deposit Form \(Secondary Account\)](#)



**STATE OF LOUISIANA  
ISIS HUMAN RESOURCE SYSTEM  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION  
MAIN BANK (PRIMARY ACCOUNT )**

EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
ACTION TYPE ( one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATE THIS OPTION	

***PRIMARY ACCOUNT INFORMATION***  
***(Main Bank)***

**DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS.**

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE ( one) <i>(Bank Control Key)</i>  <input type="checkbox"/> *CHECKING (provide voided check or account verification )  <input type="checkbox"/> *SAVINGS (obtain account # & ABA # from financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone number: _____

(Print full name)

I, \_\_\_\_\_, authorize and request the State of Louisiana to direct my net pay check to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12A) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my accounts through Employee Self Service (when available).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone where you can be reached  
between 8:00 and 4:30

**\*Agency requirements may vary. Contact your Employee Administration office if you have any questions.**

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐

**CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED**

**STATE OF LOUISIANA  
ISIS HUMAN RESOURCE SYSTEM  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION  
OTHER BANK (SECONDARY ACCOUNT)**



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
<div style="display: flex; justify-content: space-between;"><div>ACTION TYPE ( one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE</div><div><input type="checkbox"/> TERMINATE THIS OPTION <input type="checkbox"/> ADD ADDITIONAL SECONDARY ACCOUNT</div></div>	

<b>SECONDARY ACCOUNT INFORMATION</b> <b>(Other Bank)</b> DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO THE DOLLAR AMOUNT SPECIFIED BELOW OR THE PERCENTAGE OF NET PAY SPECIFIED BELOW.
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FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE ( one) <i>(Bank Control Key)</i>  <input type="checkbox"/> *CHECKING (provide voided check or account verification )  <input type="checkbox"/> *SAVINGS (obtain account # & ABA # from financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone Number: _____
<div style="display: flex; justify-content: space-between;"><div>PERCENT OF NET TO THIS ACCOUNT _____</div><div>OR</div><div>FIXED DOLLAR AMOUNT TO THIS ACCOUNT _____</div></div>	

(Print full name)

I, \_\_\_\_\_, authorize and request the State of Louisiana to direct the percent of my net pay check or the dollar amount specified to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12B) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my accounts through Employee Self Service (when available).

_____ Signature	_____ Date	_____ Phone where you can be reached between 8:00 and 4:30
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**\*Agency requirements may vary. Contact your Employee Administration office if you have any questions.**

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

OTHER BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ **CHECK HERE IF ADDITIONAL ACCOUNT FORMS ARE ATTACHED**